



ONTARIO BASE HOSPITAL GROUP MEDICAL ADVISORY COMMITTEE

MEMORANDUM

TO: Ontario Paramedics

FROM: Ontario Base Hospital Group—Medical Advisory Committee (OBHG MAC)

DATE: March 20th, 2020

RE: **Considerations for Paramedics Managing Patients with Possible COVID-19**

Revision points:

- **Consideration to apply these directives to all patients with signs of respiratory distress.**
- **IN ALL CASES** withhold nebulized medications.
- **IN ALL CASES** withhold endotracheal medications.
- **IN ALL CASES** withhold suction via an endotracheal or tracheostomy tube unless using a closed system suction unit.
- **IN ALL CASES** withhold tracheostomy reinsertion.
- **IN ALL CASES** withhold CPAP.
- **CONSIDER** withholding intra-nasal (IN) and buccal administration of all medications when alternative routes exist.
- **CONSIDER** donning PPE for all airway procedures (BVM, SGA, etc) and all Cardiac Arrests.
- **CONSIDER** Paramedic Services communicate with local receiving facilities for pre-alerting the hospital if patient's COVID-19 screen is positive.
- Name change to **COVID-19** for consistency.

This memorandum is intended to provide considerations and critical thinking perspectives for paramedics regarding the application of medical directives when managing patients with respiratory distress.

For the most up to date “COVID-19 Screening Tool for Paramedics” please refer to Ministry of Health Emergency Health Services – Paramedic Practice Document website. The training bulletin can also be found on the Ontario Paramedic Clinical Guide App under the Medical References tab. These considerations now apply to all patients with respiratory distress and are written from a paramedic safety perspective with the goal of minimizing exposure to respiratory droplets while still providing sound patient care.

Please note, these considerations do not represent a change to the current medical directives found in the Advanced Life Support Patient Care Standards (ALS PCS). Any treatment paramedics provide as a result of this memo is compatible with the “Comprehensive Care” approach outlined in the preamble of



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the ALS PCS which states, “It is acknowledged that there may be circumstances and situations where complying with ALS PCS is not clinically justified, possible or prudent (e.g. multiple crews, trapped patient, extenuating circumstances, competing patient care priorities).” (p.4) The global COVID-19 pandemic represents an extenuating circumstance. As in any circumstance or situation, the Base Hospital Physician (online medical consultation/patch) is available for advice.

On January 25, 2020, active screening for possible COVID-19 infections began at all provincial Central Ambulance Communication Centres / Ambulance Communication Services. Paramedics who are dispatched to these calls are pre-notified when responding to a patient at risk for COVID-19. As with any patient who has a history suggestive of a febrile respiratory illness, paramedics should follow personal protective equipment (PPE) recommendations issued by your Paramedic Service which must be compatible with Infection Prevention and Control practices outlined in the Patient Care and Transportation Standards v2.2 as well as the training bulletin.

Paramedics should document epidemiologic and clinical information on their Ambulance Call Report (ACR) that led to the conclusion the patient is at risk for COVID-19 infection, as well as the results of the “COVID-19 Screening Tool for Paramedics” using the ACR codes found in the training bulletin.

Paramedics should **CONSIDER** the following when applying medical directives to patients at risk for COVID-19 infection and/or the use of treatments that may result in aerosolization of COVID-19. The word “**CONSIDER**” indicates that a paramedic should provide care consistent with the context of the treatment considerations unless there is strong clinical rationale to do otherwise.

Additional information related to these considerations and critical thinking perspectives regarding application of medical directives will be circulated as necessary.

Paramedic COVID-19 Treatment Considerations

1) Considerations for Assisted Ventilation

A Paramedic may **CONSIDER** assisted ventilation.

Indications

Respiratory rate ≥ 40 breath per minute **OR** < 6 breath per minute

AND

(a) $SpO_2 < 85\%$ (with oxygen administration)

OR

(b) $EtCO_2 \geq 50\text{mmHg}$ (if available) **AND** $EtCO_2$ increases by a further 5mmHg (if available)



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Conditions

Bag Valve Mask (BVM) Ventilation		Airway Adjunct	
Age	N/A	Age	N/A
LOA	N/A	LOA	N/A
HR	N/A	HR	N/A
RR	≥40 OR <6	RR	≥40 OR <6
SBP	N/A	SBP	N/A
Other	SpO ₂ <85% (with oxygen) OR EtCO ₂ ≥50mmHg (if available) AND EtCO ₂ increases by a further 5mmHg (if available)	Other	Unable to establish an airway through positioning

Orotracheal Intubation (ACP only)		Supraglottic Airway (if available)	
Age	N/A	Age	N/A
LOA	N/A	LOA	GCS = 3
HR	N/A	HR	N/A
RR	N/A	RR	N/A
SBP	N/A	SBP	N/A
Other	Unable to adequately manage the airway using BVM.	Other	Unable to adequately manage the airway using BVM. Patient must be in cardiac arrest. (PCP only) Absent gag reflex. (ACP only)



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Contraindications

Bag Valve Mask (BVM) Ventilation		Airway Adjunct
N/A		Patient unable to tolerate

Orotracheal Intubation (ACP only)		Supraglottic Airway
N/A		Active vomiting
		Inability to clear the airway
		Airway edema
		Stridor
		Caustic ingestion

Treatment

CONSIDER assisted ventilation.

2) Considerations for Bronchoconstriction Medical Directive

- a) **IN ALL CASES withhold nebulized salbutamol**
- b) For mild-moderate respiratory distress **CONSIDER** withholding Salbutamol, via MDI and spacer device, unless respiratory distress becomes severe with no cough.
- c) For severe respiratory distress and no cough, **CONSIDER** administering Salbutamol using an MDI and spacer device. Administer Salbutamol using a “tidal breathing” technique whereby the patient takes 5 normal breaths through the spacer device rather than a single deep breath with a breath hold.
- d) For severe respiratory distress with cough (even without the need for assisted ventilation) **CONSIDER** administering IM epinephrine per the Bronchoconstriction Medical Directive. **CONSIDER** a maximum of 2 doses. **CONSIDER** withholding Salbutamol.

3) Considerations for CPAP Medical Directive

- a) **IN ALL CASES** withhold CPAP.



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4) Considerations for Endotracheal and Tracheostomy Suctioning Medical

Directive

- a) **IN ALL CASES** withhold suction via an endotracheal or tracheostomy tube unless using a closed system suction unit.

5) Considerations Tracheostomy Reinsertion Medical Directive

- a) **IN ALL CASES** withhold tracheostomy reinsertion.

6) Considerations for Croup Medical Directive

- a) **IN ALL CASES** withhold nebulized epinephrine.

7) Considerations for Endotracheal Medications

- a) **IN ALL CASES** withhold endotracheal medications.

8) Considerations for Midazolam, Naloxone, and Fentanyl administration

- a) **CONSIDER withholding intra-nasal (IN) and buccal** administration of all medications when alternative routes exist.

Best Regards,

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